

Linda McCulloch, Superintendent Office of Public Instruction Accreditation Division PO Box 202501Helena MT 59620-2501

## **DISTANCE LEARNING** 2007-2008 School Year

District: Le: School: Sc: Uses annual report will provide the Office of Public Instruction, Accreditation Division: Sc: School: Sc: Sc: School: Sc: Sc: School: School: Sci Sci School: Sc	DUE DATES			Cou	nty:				
Neet the requirements of 10.55.907 ARM – Distance, Online, and Technology Delivered Learning – Revised March 2004.  Yes/No  1. Does the district utilize distance learning to fulfill elementary or middle school basic education program requirements and/or high school graduation requirements as provided for in 10.55.907 ARM?  If YES to Question 1:  2. Does the district provide a facilitator in accordance with the standard – 10.55.907(3)(c)?  3. Does the district provide training for the facilitator, in accordance with the standard – 10.55.907(3)(d)?  4. Provide the following information for all providers the district is currently using.  Create one record for each provider or coordinating entity (including school districts). List all the courses the district is receiving from that provider or coordinating entity. Copy this page as necessary to list all providers utilized by the district.  Entity Address Phone Email City, State, Zip  Is this provider or coordinating entity registered with the OPI pursuant to – 10-55-9078 (5)(a-e)?	To Office of P	To County Superintendent: Tuesday 10/16/2007 To Office of Public Instruction, Accreditation Divisi					Le:		
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Entity Address Phone Email City, State, Zip  Is this provider or coordinating entity registered with the OPI pursuant to – 10-55-9078 (5)(a-e)?	district is rece	eiving from that provider							
			Phone	Em	ail	City, State	, Zip		
Course Name Grade Level Number of Students	Is this provide	er or coordinating entity	registered with the	OPI pu	rsuant to – 10-5	1 55-9078 (5)(a	a-e)?		
		Course Name	Grade Le	evel	Number of Stud	dents			
Entity Address Phone Email City, State, Zip	Entity	Address	Phone	Em	ail	City, State	, Zip		
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Course Name  Grade Level   Number of Students	13 11113 P10V						,,(α ο):		

Distance Learning Page 2					County: District: School:			Le: Sc:			 
4. Continued.											
Entity		Address	Phone		Email		(	City, State, Zip			
Is this provide	er or c	oordinating er	itity registere	d with the	OPI p	ursuant to –	- 10-55-	9078 (5	)(a-e)?		
	Course Name		Grad		e Level Number of		f Studer	nts			
											Yes/No
Montana? If yes to ques 6. Provide the	tion 5	rovider of distance  wing information  for each school	on for all sch	ools curre				er scho	ol distri	cts in	
District Name					School being served						
		Геасher's Fo Number			1		Does offering comply with teacher load requirements of ARM 10.55.7.13(3) Y/N		f		
District Name					School being served						
Course Name Teacher's Fo		lio	Grade Level(s)		Does offering comply with teacher load requirements of ARM 10.55.7.13(3) Y/N			f			